

# **AUTHORIZATION FOR THE DISCLOSURE OF RECORDS**

## **(Privacy Act - Public Law 93-579)**

I have sought assistance from Congresswoman Sue W. Kelly on a matter that may require the release of information maintained by your agency and which you may be prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize you to release all relevant portions of my records and/or discuss problems involved in this case with Congresswoman Kelly or any authorized member of her staff until this matter is resolved.

**Name**

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(Signature)

**Address**

\_\_\_\_\_  
\_\_\_\_\_

**City, State**

\_\_\_\_\_

**Telephone#**

\_\_\_\_\_

**PLEASE INDICATE BELOW YOUR CASE/CLAIM IDENTIFICATION NUMBER:**

/\_\_\_\_/ **Social Security Number** \_\_\_\_\_

/\_\_\_\_/ **VA Claim Number** \_\_\_\_\_

/\_\_\_\_/ **Alien Registration or** \_\_\_\_\_  
**Passport number**

/\_\_\_\_/ **Workers Comp. Claim** \_\_\_\_\_  
**Number**

/\_\_\_\_/ **Other** \_\_\_\_\_

**DATE**

\_\_\_\_\_